

Case Number:	CM14-0043676		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2010
Decision Date:	12/30/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male with a 9/13/10 date of injury. According to the most recent progress report provided for review, dated 3/19/14, the patient stated that he was still having pain in his neck and upper back. He has finished 6 visits of chiropractic, but it has not been as effective as it has before. He would like to try something different. He was still having pain that occasionally went down the arms and legs, but the pain was intermittent. Objective findings: tenderness at the parathoracic and paralumbar region, numerous tender points and trigger points throughout the right thoracic spine and parathoracic region, full range of motion of the cervical spine and of the thoracolumbar spine, strength is 5/5. Diagnostic impression: chronic cervical, thoracic, and lumbar strain. Treatment to date: medication management, activity modification, chiropractic care. A UR decision dated 3/27/14 denied the request for physical therapy. On examination, there are no functional deficits given and pain alone is not a clear indication for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS

Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, given the 2010 date of injury, this patient has likely had previous physical therapy treatment. There is no documentation of the number of sessions he has completed or functional improvement from previous treatment. In addition, on examination, there was no documentation of functional deficits given full range of motion and normal strength. It is unclear why this patient has not been able to transition to an independent home exercise program to address any remaining concerns at this time. Therefore, the request for Physical Therapy x 6 visits are not medically necessary.